OMB Approved
0579-xxxx
Exp.: XX/XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
NATIONAL VETERINARY SERVICES LABORATORIES
P.O. BOX 844, 1920 DAYTON AVENUE, AMES, IA 50010
PHONE: 515-337-7550 or 7725
FAX: 515-337-7402
EMAIL: nvsl_concerns@aphis.usda.gov

REQUEST FOR REAGENTS OR SUPPLIES

1. SHIP TO: (*Business Name and Name of Individual Contact*)

2. NVSL SUBMITTER ID

3. BILL TO   ☐ Check if same as Block 1 (*SHIP TO*)

EMAIL ADDRESS

EMAIL ADDRESS

PHONE NUMBER   FAX NUMBER

PHONE NUMBER   **FAX NUMBER**

SHIPPING ADDRESS (*Street, City, State, ZIP Code*)

BILLING ADDRESS

4. PAYMENT METHOD

☐ USER FEE ACCOUNT NUMBER

☐ CHECK/MONEY ORDER
(*Enclosed, payable to USDA in U.S. dollars*)

☐ CREDIT CARD

Number:

Exp Date:

5. REAGENTS AND SUPPLIES REQUESTED (*See instructions. Please limit to 10 items per form)*)

REAGENT CODE NUMBER	REAGENT OR ITEM NAME	QTY	REMARKS

6. PRINTED NAME AND SIGNATURE OF REQUESTOR AND DATE

NVSL USE ONLY
ORDER NUMBER

7. PHONE NUMBER OF REQUESTOR (*IF NOT PROVIDED IN BLOCK 1 OR 3*)

8. DATE OF REQUEST

VS FORM 4-9 (JUL 2014)

VS FORM 4-9 INSTRUCTIONS

Complete the form according to the following instructions. **Incomplete or incorrectly completed forms will delay shipment and may result in errors. Please print legibly or type all information.**

Orders are accepted via mail, fax, or email. Do not submit the same order via more than one method or it will be duplicated.

1. The name of a contact person and a complete shipping address is required. Do not use P.O. Box numbers. A telephone number is required. No orders will be shipped unless a telephone number is provided. Provide a FAX number and/or email address, if available.

2. If you have previously ordered reagents or supplies from the NVSL, you will have been assigned a NVSL identification number; this is the number to enter in block number 2. If you are a new customer, NVSL will assign an identification number when the order form is received.

3. If the billing address is the same as the shipping address, check the box to indicate this. Otherwise, provide a complete billing address, phone number, and the name of a contact person for billing.

4. Prepayment is required unless the requested items are to be billed to a user fee account number. If services are to be billed to a user fee account, be sure to include the 11-digit account number in the applicable space provided. Prepayment may be in the form of check, money order, or credit card. Make check or money order payable to "USDA" in U.S. dollars and attach to the order form. If paying by credit card, include the account number and expiration date. See http://www.aphis.usda.gov/animal_health/lab_info_services/payment.shtml or contact the NVSL for a list of currently accepted credit cards.

5. A catalog of available reagents and supplies is posted at http://www.aphis.usda.gov/animal_health/lab_info_services/reagents.shtml or may be requested from NVSL.

The Reagents and Supplies Requested section must include the reagent code number (obtained from the catalog), reagent or item name, and the quantity requested. Additional comments may be recorded in the Remarks section.

6. The name of the person (print or type) authorizing the request **and** his/her signature must be included.

7. If the telephone number of the person authorizing the request is different from the telephone number of the contact person, please complete this section.

8. Add the date of the request.

If you are requesting a live pathogen, be sure to include a copy of your valid USDA veterinary permit with your order.